

# Register Online with the Family Care Safety Registry

The Family Care Safety Registry (FCSR) helps protect seniors, children, and the disabled by conducting background screenings on long term care workers, child care workers, and personal care workers. If you are an employee or a job applicant in one of these fields, you must register with the FCSR before background screenings can be requested. Registering with the FCSR means you will provide personal information and agree to background screenings for employment purposes as defined in [state law](#). There is a one-time registration fee of \$14.00.

Submitting your registration online is faster than the mail. Instead of the cost of a stamp, a \$0.53 processing charge will be added to your fee.

To register online you will need:

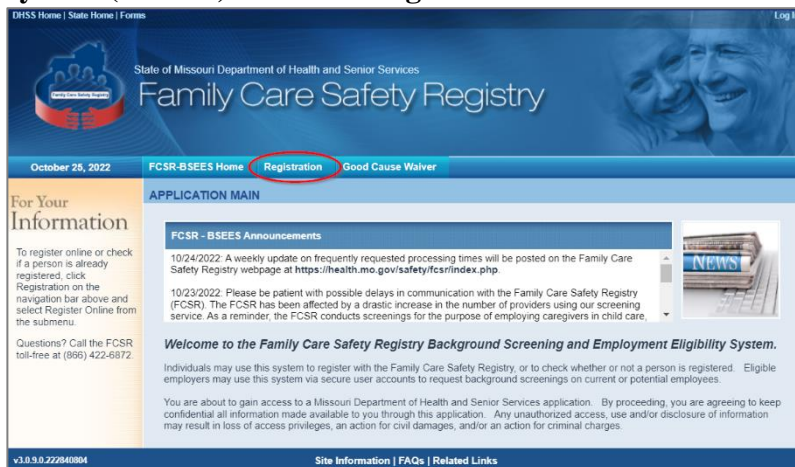
- Internet access
- Your Social Security number
- Your email address
- A credit card or debit card

## NOTE

You may be asked to supply a copy of your Social Security card or other verification document after the FCSR receives your registration information.

The online system works best with Google Chrome.

The web address to access the FCSR Background Screening and Employment Eligibility System (BSEES) for online registration can be found at the end of this document.



From the FCSR-BSEES homepage, click the **Registration** button to begin.

From the submenu, click **Register Online**.



Read the Welcome to Registration Information. When ready, click the tab for **Is A Person Registered** to continue.



## NOTE

You will see a **Messages** section on each page. Informational messages will be in black text. Error messages will be red.

Enter your Social Security number in the appropriate fields on the **Is A Person Registered** screen. Click the checkbox to confirm you are not a robot. (If presented, click all pictures that meet a given criteria to further prove you are not a robot.) Click the **Search** button.

You should be notified that your Social Security number was not found in the database.

**NOTE**  
If you were notified that your Social Security number **was** found in the database, you may already be registered with the FCSR. If your Social Security number was found and you do not believe you have registered in the past, call the FCSR toll-free at 866-422-6872.

Click the **Continue** button.

Either enter an **Employer Name** (current or potential) **or** make a selection from **Select if No Employer**.

To enter an employer name, set your search criteria to either **Begins With** or **Contains**. Begin typing part of the employer name. As you type, a drop down list may appear. You may select an employer name from the drop down list **or** you can use what you've typed thus far.

Click the **Search** button.

After clicking the Search button, you should receive a list of one or more employer names from our database. If the correct employer is shown, click to checkmark the box by the employer name.

**FCSR-BSEES Home** | **Registration**

**EMPLOYER INFORMATION**

Welcome to Registration Information | Is A Person Registered | **Employer Information** | Register

**Selection Criteria**  
Please select the Employer below requiring or requesting you to register with the FCSR. If your Employer is not listed, or you are registering with the FCSR for a purpose other than employment, please make a selection from "Select if No Employer".

\*Employer Name: ☒ Begins With ☐ Contains

\*Select if No Employer:

If you are registering because of a pending adoption, search for your adoption agency in the Employer Name field, and if found, click the checkbox next to the name. Please also select Adoptive Parent from "Select if No Employer."

**Employer Results**

|                                     | Employer Name          | Employer Address   | Employer City | Employer State | Employer Zip Code |
|-------------------------------------|------------------------|--------------------|---------------|----------------|-------------------|
| <input checked="" type="checkbox"/> | ABC ND ENTERPRISES LLC | 3930 WASHINGTON ST | KANSAS CITY   | MO             | 64111             |

To Proceed with Registration

Indicates a Required Field

**Messages**

Please Proceed to the Register Tab by Clicking Continue Button

If the employer is not found in the database, or if you have another reason for registering, make the appropriate selection from the **Select if No Employer** field.

**Select**

- Adoptive Parent
- Employer Not Listed
- Foster Parent / Family Member of Foster Parent
- Home Child Care Provider
- Private Pay / Private Duty
- Student
- Volunteer
- Other

After you have made a selection for either the Employer Name or the Select if No Employer field (or both if applicable), click the **Continue** button.

**NOTE**

If you are registering with the FCSR so you can be screened as an adoptive parent, please search for the adoption agency in the Employer Name field and choose Adoptive Parent from the Select if No Employer field.

Now enter your personal information. First, select one or more **Registration Type(s)** by clicking to checkmark the appropriate box(es). Depending on what you select, subcategories may be opened for additional selections.

**FCSR-BSEES Home** | **Registration**

**PERSONAL INFORMATION**

Welcome to Registration Information | Is A Person Registered | **Employer Information** | **Register**

**Selection Criteria**  
\*Registration Type(s):

- ☐ Adoptive Parent
- ☐ Child Care
- ☐ Foster Parent / Family Member of Foster Parent
- ☐ Hospital
- ☐ Long Term Care / Personal Care
- ☐ Mental Health / Psychiatric Hospital
- ☐ Voluntary

**FCSR-BSEES Home** | **Registration**

**PERSONAL INFORMATION**

Welcome to Registration Information | Is A Person Registered | **Employer Information** | **Register**

**Selection Criteria**  
\*Registration Type(s):

- ☒ Adoptive Parent Agency Name
- ☐ Child Care
- ☒ Foster Parent / Family Member of Foster Parent \*County Office
- ☐ Hospital
- ☒ Long Term Care / Personal Care
  - ☐ Adult Day Care
  - ☐ Assisted Living Facility
  - ☐ Hospice
  - ☐ Long Term Acute Care (LTAC) / Swing Beds
  - ☐ Mental Health - Residential Facility / ICF
  - ☐ Mental Health / Psychiatric Hospital
  - ☐ Voluntary
- ☐ Nursing Facility / Skilled Nursing Facility
- ☐ Personal Care - Home Health
- ☐ Personal Care - In-Home Services
- ☐ Personal Care - Consumer Directed Services / Center for Independent Living
- ☐ Personal Care - HCY, PDW, DDD or Other

Select **only** the category(ies) that best describe your reason for registering with the FCSR at this time.

Next, enter your personal information.

**Personal Information**

\*Last Name:  \*First Name:  Middle Name:  Suffix:

**Add Other Name** *IMPORTANT! If you do not list all other known names used, including both first names and last names, your registration may be delayed or rejected. Other names include birth name, married name(s), nickname(s), and legal name changes.*

\*Date of Birth: Month  Day  Year  \*Gender:

As needed, click the **Add Other Name** button to add an additional entry field (or fields) for any other names you have used, such as a nickname, birth or married names, etc.

**Personal Information**

\*Last Name:  \*First Name:  Middle Name:  Suffix:

**Add Other Name** *IMPORTANT! If you do not list all other known names used, including both first names and last names, your registration may be delayed or rejected. Other names include birth name, married name(s), nickname(s), and legal name changes.*

\*Last Name:  \*First Name:  Middle Name:

\*Date of Birth: Month  Day  Year  \*Gender:

Finally, enter your contact information.

**Contact Information**

Registrant Mailing Address: *Enter the registrant's home address. If the employer's address is used, your registration will be rejected.*

\*Street Address or PO Box:

\*Zip Code:  \*City:  \*State:

\*County:

Telephone:

\*Registrant's Email:  *An email address is required for individuals registering online. This should be a personal email address that belongs to the registrant. Correspondence will be delivered via secure email.*

\*Confirm Email:

**Continue**

[Back to Top](#)

\*Indicates a Required Field

**Messages**

Click Continue Button after Required Information Entered to Proceed with Registration

Click the **Continue** button after all required information is entered.

Click to checkmark the box by the address line that best reflects your address. You must make one selection. Select **Use Address Entered Above** if the standard address result provided does not reflect your mailing address.

Click the **Save** button.

**\*Standard Address Results** Select the box that accurately displays your mailing address, then click the Save button.

| Address1   | Address2 | City           | State | Zip Code | County |
|--|----------|----------------|-------|----------|--------|
| <input checked="" type="checkbox"/> PO BOX 570     |          | JEFFERSON CITY | MO    | 65102    | COLE   |
| <input type="checkbox"/> Use Address Entered Above |          |                |       |          |        |

**Save**

[Back to Top](#)

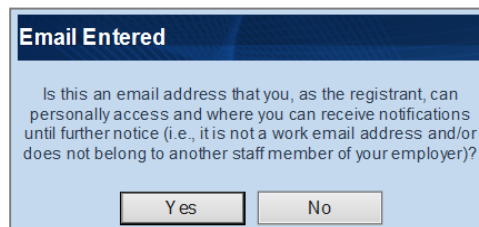
\*Indicates a Required Field

**Messages**

After you enter an email address, you are asked to confirm it is an email address where you can receive your personal copy of FCSR notifications. The email address should belong to you, not to your employer or another staff member.

Click **Yes** if the email address entered is one you access.

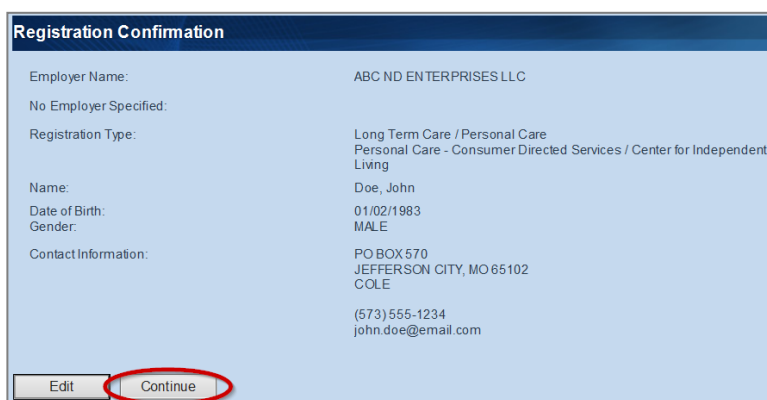
Click **No** to change the email address in your Contact Information now.



**Email Entered**

Is this an email address that you, as the registrant, can personally access and where you can receive notifications until further notice (i.e., it is not a work email address and/or does not belong to another staff member of your employer)?

Confirm that all information entered is correct.



**Registration Confirmation**

Employer Name: ABC ND ENTERPRISES LLC

No Employer Specified:

Registration Type: Long Term Care / Personal Care  
Personal Care - Consumer Directed Services / Center for Independent Living

Name: Doe, John

Date of Birth: 01/02/1983

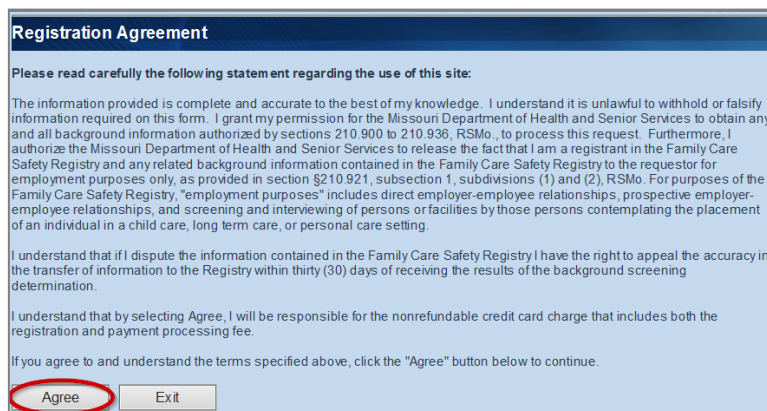
Gender: MALE

Contact Information: PO BOX 570  
JEFFERSON CITY, MO 65102  
COLE  
(573) 555-1234  
john.doe@email.com

Click the **Edit** button if there is an error.

Click the **Continue** button if your information is entered correctly.

Carefully read the Registration Agreement.



**Registration Agreement**

Please read carefully the following statement regarding the use of this site:

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services to obtain any and all background information authorized by sections 210.900 to 210.936, RSMo., to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry and any related background information contained in the Family Care Safety Registry to the requestor for employment purposes only, as provided in section §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the Family Care Safety Registry, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, long term care, or personal care setting.

I understand that if I dispute the information contained in the Family Care Safety Registry I have the right to appeal the accuracy in the transfer of information to the Registry within thirty (30) days of receiving the results of the background screening determination.

I understand that by selecting Agree, I will be responsible for the nonrefundable credit card charge that includes both the registration and payment processing fee.

If you agree to and understand the terms specified above, click the "Agree" button below to continue.

If you agree to the statement, click the **Agree** button.

Clicking the **Exit** button will terminate your registration attempt and all information entered will be deleted.

Enter your payment information.

**FCSR-BSEES Home Registration Good Cause Waiver**

**PAYMENT INFORMATION**

**Fee Information**

|                   |         |
|-------------------|---------|
| Registration Fee: | \$14.00 |
| Processing Fee:   | \$0.53  |
| Total Fee Amount: | \$14.53 |

**Customer Information**

\* Cardholder's Name:   
Cardholders name must exactly match the name on the Credit Card

☐ Check here if Billing Address is the same as your Registrant Mailing Address

\* Address Line 1:   
 Address Line 2:

\* City:   
 \* State:   
 \* Zip Code:   
 \* Telephone:

**Credit Card Information**

\* Card Type:   
 \* Credit Card Number:   
 \* CVV Code:   
 \* Expiration Date:

I understand that by clicking the CONTINUE button, I agree to pay the total amount above.

**Continue** **Cancel**

\*Indicates a Required Field

**Messages**

Click the **Continue** button after entering all required information.

Clicking the **Cancel** button will terminate your registration attempt and all information will be deleted.

Confirm the payment information was entered correctly.

**Payment Verification**

Total Amount: \$14.53  
 Cardholder's Name: John Doe  
 Billing Address: PO BOX 570  
 JEFFERSON CITY, MISSOURI 65102  
 (573) 555-1234  
 Card Type: VISA  
 Credit Card Number: XXXXXXXXXXXX1111  
 CVV Code: 411  
 Expiration Date: 09/25

If you would like to change the Credit Card information, click the EDIT button.  
 To continue your registration, click the CONTINUE button.

**Edit** **Continue**

Click the **Edit** button to re-enter payment information if needed.

Click the **Continue** button to finish your submission and receive a transaction confirmation.

**Payment Confirmation**

**Transaction Successful.**

Transaction Successful for: (DOE, JOHN)  
 Your registration information and payment have been submitted to the Family Care Safety Registry.

**Information Summary (October 25, 2022):**

|                                |             |
|--------------------------------|-------------|
| Tracking Number:               | 10000478775 |
| Purchase Receipt Confirmation: | 20003100    |
| Amount Paid:                   | \$ 14.00    |
| Processing Fee:                | \$ .53      |
| Total Amount Charged:          | \$ 14.53    |

Address: PO BOX 570  
 JEFFERSON CITY MO 65102  
 COLE

Email: john.doe@email.com  
 Social Security Number: XXX-XX-9999  
 Date of Birth: 01/02/1983  
 Gender: MALE

Print this screen for your records. Click the Continue button to generate a printer-friendly notification. You must have Adobe Acrobat Reader version 9 (or later) and allow pop-up blockers from this website to receive the printer-friendly version. This is an information summary and does not indicate your registration is complete. A letter will be delivered to the email address provided once your registration has been processed. Your employer may request background screenings at no charge after your registration has been processed. Call the FCSR toll-free at 866-422-6872 if you have any questions.

**Continue**

You should receive a Transaction Successful notification. It may contain an information summary which can be printed now. Click the **Continue** button for a printer-friendly confirmation of registration submission and payment information to the FCSR.

**NOTE**

If your transaction was declined or failed, you may start over and submit again.

[illegible]

- The free Adobe Acrobat Reader software, version 9 or higher
- Pop-up blocker settings be modified to allow pop-ups from \*.dhss.mo.gov

What happens next? FCSR staff will review your registration information and contact you with any questions. After the registration is processed, FCSR will complete an introductory screening and send the results attached to an [encrypted email](#). Eligible employers can request your background information at no charge. You will be notified anytime your background information is provided. Keep your contact information up to date to ensure you receive these notifications. Inform the FCSR of any name changes as well as contact information changes.

The logo for the Family Care Safety Registry. It features a blue silhouette of a house with a chimney. In front of the house is a white silhouette of a family consisting of two adults and two children. Below the family silhouette is a white rectangular box with a red border containing the text "Family Care Safety Registry" in black. The entire graphic is set against a blue background with a red ribbon-like shape at the bottom.